DOCUMENT RESUME

ED 073 366 AC 014 248

AUTHOR Rogers, Everett M.

TITLE Taboo Communication and Social Change: Family Planning in Asia, and Some Suggested Modifications in the Classical Diffusion Model.

INSTITUTION Michigan State Univ., East Lansing. Dept. of Communication.

PUB DATE 5 May 72

NOTE 29p.; Paper presented to the Department of Human Communication, Rutgers-The State University, May 5, 1972

EDRS PRICE MF-$0.65 HC-$3.29

DESCRIPTORS Adoption (Ideas); Adult Education; Change Agents; Changing Attitudes; *Communication Problems; *Contraception; *Developing Nations; *Family Planning; Oral Communication; Population Education; *Social Change; Social Values; Technical Reports

IDENTIFIERS *Asia; India

ABSTRACT

Taboo communication is examined in relation to its distinctive characteristics and its significance in inhibiting social change involving birth control in Asian and other countries. Taboo communication tends to occur between very high homophilous individuals, which poses problems for communications research. Research is inhibited when researchers are quite unlike the persons they are trying to communicate with. The high degree of homophily between individuals in taboo communication acts as a barrier to diffusion of taboo messages, which in turn perpetuates the taboo status of the topic. This homophily frustrates individuals seeking taboo information because the individuals sought are unlikely to have the information and because of the high degree of redundancy in homophilous friendship networks. Taboo communication can be facilitated by encouraging widespread communication about the taboo message and by relabeling the taboo topic with different word-symbols. Problems involved in diffusion of family planning ideas are different from those involved in diffusion of ideas in other areas. Certain implicit assumptions in the diffusion model on which most Asian family planning programs are based do not recognize these differences. Family planning programs in Asia suggest two modifications in this model: (1) use of paraprofessional change agent aides--to over come the homophily barrier; and (2) payment of diffuser incentives to encourage communication about a taboo topic. (KM)

U S DEPARTMENT OF HEALTH
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

ED 073366

TABOO COMMUNICATION AND SOCIAL CHANGE: FAMILY PLANNING IN ASIA, AND SOME SUGGESTED MODIFICATIONS IN THE CLASSICAL DIFFUSION MODEL

by

Everett M. Rogers

Department of Communication
Michigan State University

FILMED FROM BEST AVAILABLE COPY

Paper presented to the Department of Human Communication, Rutgers-The State University, May 5, 1972.

AC014248

TABOO COMMUNICATION AND SOCIAL CHANGE: FAMILY PLANNING IN ASIA AND SOME SUGGESTED MODIFICATIONS IN THE CLASSICAL DIFFUSION MODEL*

by

Everett M. Rogers**

This chapter deals with a special, little-recognized, and understudied type of human communication: That dealing with messages that are perceived as taboo by the sources and receivers involved in such transfer. I shall argue that taboo communication is important because of its distinctiveness from other kinds of communication behavior, and that, while it is usually difficult to investigate, such analysis could be both theoretically and pragmatically fruitful to the field of communication and social change. Although there are many message-content areas that are taboo in most, or at least certain, audiences, my illustrations shall come heavily from the field of family planning in Asia, and I shall show that certain modifications in the classical diffusion model are suggested by the nature of these taboo messages.

TABOO COMMUNICATION

Taboo communication is that category of message transfer in which the messages are perceived as extremely private and personal in nature. Obviously, messages can be classified along a continuum of "highly taboo" to "highly non-taboo"; I am dealing here with messages that are perceived at one end of this continuum (Figure 1).

---

* This chapter profited considerably from discussions with Ruben Jara, Graduate Assistant in Communication at Michigan State University.

**Professor of Communication, Michigan State University.

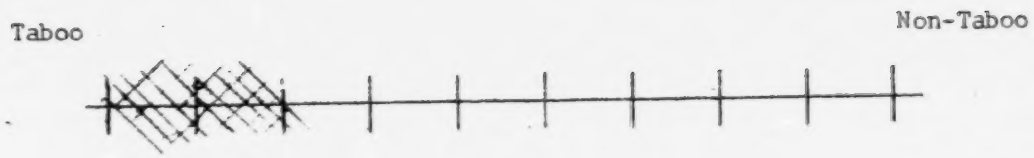


Figure 1. Continuum of Taboo-Nontaboo Communication, Showing (Shaded Area) the Concern of the Present Chapter.

Of course, it is the perceptions of the source and receiver which determine whether a message is taboo or not. Certainly there are many types of message-content that are perceived by almost everyone as taboo because they deal with ideas or behavior that are illegal, immoral, or contrary to strongly-held norms. Examples might be drug use, having an abortion or venereal disease, being a homosexual, a swinger, or an ex-convict. Clearly, the degree to which a message is taboo depends on the particulars of time, place, and participants. For instance, having had an abortion is not a taboo topic between two women who know they have each had an abortion.* Likewise such a taboo message might be more acceptable to discuss among just <u>two</u> women, but not when others are present, especially if the others are men.** Further, an issue generally perceived to be taboo at $time_1$ may be much less so at $time_2$. An illustration might be using marijuana, which is much less taboo in 1972 in the U.S. than even five years previously, although its illegality has not changed.

One should be careful not to assume that highly taboo topics are completely forbidden to discuss; I do not use the term in quite this extreme (Figure 1). In fact, even the most taboo topics are usually discussed with at least someone. However, taboo communication is much more likely to occur via interpersonal than by mass media channels, because mass media institutions may consider it unacceptable to carry such

---

* But such self-disclosure would probably have been unlikely to occur between the two women in the first place.

**An example of the appropriateness of a taboo topic depending on who is listening is provided in the movie MASH when a microphone is planted under the bed of Hot Lips and her lover, and the ensuing discussion is broadcast to the whole medical base.

messages or because the public disclosure of such information would violate confidentiality. So in the main, this chapter is concerned with interpersonal communication about taboo topics.

It is important to distinguish two levels of taboo topics on the basis of the personalness of their referent:

1. Personal level - the communication source is disclosing information about his personal involvement in regard to the taboo topic; for instance, a woman who discloses that she has had an abortion.

2. General level - the content of the message only discloses an interest in, or some degree of knowledge about, the general nature of the taboo topic; for instance, an individual who states a position regarding his support of abortion reform legislation.

Generally, the more personal the level of reference to the topic, the more taboo the communication. Most U.S. citizens today are willing to indicate their position on abortion reform (they regularly do so in public opinion polls). But few women are yet willing to publicly convey that they have had an abortion.

In the present chapter, we shall mainly deal with communication at the personal level, where taboo is, of course, strongest.

TABOO COMMUNICATION AND COMMUNICATION RESEARCH

Taboo communication tends to occur between very highly homophilous individuals, * that is, between source-receiver pairs that are similar.** This fact, of course, poses many problems for the communication researcher

---

* Evidence to support this proposition will be cited later in this chapter.

**A detailed discussion of homophily and its opposite, heterophily, are found in Rogers and Bhowmik (1971) and Rogers with Shoemaker (1971).

who seeks to investigate taboo communication. For communication research is itself a communication process in which the researcher is the receiver and the respondent is the source. Thus, one of the reasons that so little is known about taboo communication is because source-receiver differences are especially great when the receiver is an upper-middle class, highly educated researcher, while the source is quite unalike. Further, the interviewer is usually an unknown stranger to the respondent.*

Yet analyses like Lee's (1969) study of the search for an abortionist show that the scientific study of taboo communication is possible. Ms. Lee was able to obtain data from a non-random sample of aborted women about their experience; her success in data-gathering is partly because her respondents were remarkably like the researcher/interviewer in social status and formal education (most had graduate training). This homophily facilitated her ability to obtain taboo data.

Some researchers fear to study taboo communication because of the implication that the researcher shares the tabooed status of the respondents that are studied. For instance, Ms. Lee is careful to point out in her book's Preface that she had never sought an abortion herself. A recent work on "swingers' begins with a similar disclaimer.

HOMOPHILY IN TABOO COMMUNICATION AND REDUNDANT NETWORKS.

The high degree of homophily between individuals who engage in communication on taboo topics acts as a barrier to rapid and widespread diffusion of taboo messages which, in turn, perpetuates the taboo status of

---

* Which may, in some cases, encourage self-disclosure about taboo topics because of the confidentiality thus afforded. The respondent may not trust the interviewer (not to disclose the information that he is providing to him) very much, but because the interviewer is a stranger, the respondent perceives him to represent a low probability of public disclosure.

the topic. Some communication programs seek to break this circle by urging a wider audience for taboo messages, by making them more public. Thus, Dr. Paul Ehrlick in his book, The Population Bomb, publicizes the fact that he has a vasectomy and urges other sterilized men to do likewise, as a technique to diffuse the idea of vasectomy by breaking down its taboo status. The organization of men who have been vasectomized urges its members to wear their distinctive label pin (a broken male symbol), as a means of encouraging discussions about vasectomy. A recent issue of the New York Review of Books carried an advertisement by twenty prominent women who professed to have had an abortion. The communication strategy implied in these activities is to give the impression that "everybody's doing it," and thus change public perceptions to a lower degree of tabooness.

So one strategy for facilitating taboo communication is to seek to encourage more widespread communication about the taboo message, and thus reduce the tabooness of that message (by essentially moving the topic toward the right on the taboo-nontaboo continuum shown in Figure 1).

An illustration of the use of this strategy comes from the Ernakulam vasectomy campaign in India. Under usual conditions in India, the decision for vasectomy is very private. Individuals may fear the ridicule of their friends and neighbors, because the individual perceives that he is taking an act not fully sanctioned by the norms of his community. The taboo on vasectomy was overcome in a highly successful campaign in Ernakulam District in South India in 1971, in which over

63,000 sterilizations were performed in one month (Rogers, 1972).

The taboo was overcome, in part, by creation of a festival spirit. The local mass media were employed to convey the message that "everybody's doing it." Door-to-door personal contacting of eligible men was concentrated in one community at a time to help create the impression that the vasectomy adoption decision was a popular one. Adopters were marshalled to travel in groups to the operating theaters at the Ernakulam City Hall. They marched together, singing songs about family planning and displaying signs. The gay festival spirit on the part of the many thousands of adopters helped breakdown the perception of vasectomy as a taboo, and thus contributed to the surprising success of the Ernakulam campaign, which has since been replicated in 25 additional districts in India.

From the viewpoint of the individual seeking taboo information, such as a woman seeking an abortionist, the high degree of homophily involved in taboo communication has a special disadvantage: The individuals sought are unlikely to know much information that the seeker does not already have. The abortion information-seeking study by Lee (1969) shows that most women first go to their best friends with whom they are highly homophilous: Communication with them is facil, but unlikely to be instrumentally rewarding. For example, Lee (1969) recounts the woman who sought the name of an abortionist from four different friends; all provided information about the same abortionist (an individual who was, in fact, no longer performing abortions).

One reason for the futility of information-seeking from extremely homophilous and intimate friends is due to the high degree of redundancy

in homophilous friendship networks. A seeker's closest friends are themselves usually friends of each other, thus constituting an interlocking network. In contrast, a radial network is one in which the seeker's friends are not themselves friends and are not engaged in interaction with each other (Figure 2). A radial network is open to its environment, while an interlocking network is closed.

In an investigation of Detroit area men, Laumann (1969) found that each of the dyadic relationships in interlocking networks was more highly homophilous regarding education, socio-economic status, and political and religious beliefs (than the dyadic relationships in radial networks). Taboo communication (such as that about serious personal medical problems and difficulties with their bosses) was more likely to occur in the interlocking networks than in the radial networks. Presumably, there is a perception of higher risk in the public disclosure of taboo messages in radial networks.

Similar results are reported for the diffusion of the IUD among housewives in Cebu City in the Philippines (Liu and Duff, 1971); this taboo message spread predominately among homophilous (in socio-economic status) and interlocking friendship cliques, a tendency which greatly restricted the IUD's diffusion through the whole community. So unfortunately, the taboo nature of the messages greatly restricts the outreach of interpersonal communication networks. Such incestuous interaction means that these ingrown and homophilous networks contain little useful information relative to the taboo topic.

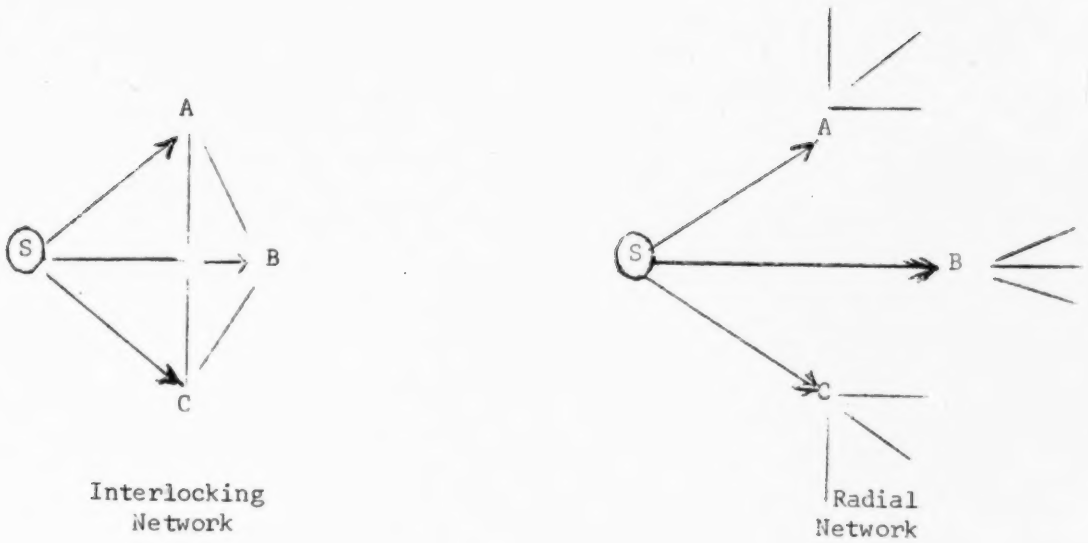


Figure 2. There Is a Higher Degree of Redundancy in Interlocking Networks than in Radial Networks.

1. Self-disclosure is most likely to occur with one's spouse, next with a same-sex friend, one's same-sex parent, and least with an other-sex friend or parent (Jourard, 1971, p. 230).

2. Self-disclosure is most likely with receivers who have disclosed themselves to the source: "Disclosure invites or begets disclosure" (Jourard, 1971, p. 14). This tendency may help explain, in part, why most taboo communication is extremely homophilous: It occurs reciprocally. Jourard criticizes most counselors, psychotherapists, and research interviewers, who are trained not to disclose themselves to their clients/respondents; the result, says Jourard, is that the latter are discouraged from disclosing taboo information to the psychotherapists and researchers. Jourard's proposition that disclosure begets disclosure may be limited to dyadic encounters; where many receivers are present, a self-disclosure might simply be dismissed as inappropriate to the situation.

3. The least disclosable (and most taboo) topics are one's sex life, financial status, body, and personality, as contrasted with one's hobbies, interests, and attitudes toward religion and politics (Jourard, 1971, p. 229).

Jourard's research procedures suggest a similar measurement approach for determining the parameters of communication for a specific taboo: Respondents can be asked with whom they discuss a taboo topic. For instance, Lee (1969) asked her respondents whether they had discussed their abortion with such others as their mother, an intimate friend, a doctor, etc. This procedure yields an index of self-disclosure for a specific taboo topic. It could be extended to determine the relative tabooness of a range of topics among a sample of respondents, to indicate personal

or situational variables facilitating or impeding taboo communication, or to assess cross-cultural differences in disclosure about a taboo topic.*

Jourard's findings regarding the importance of mutual self-disclosure in facilitating taboo communication suggest, when interpreted broadly, that certain receivers may be perceived as having particular dimensions or qualifications which encourage taboo communication. These dimensions seem to be the receiver counterpart to source credibility. We suggest that receivers who are perceived as (1) trustworthy, (2) competent (to understand), (3) neutral (that is, who do not sanction or disapprove), and (4) confidential,** will be more likely to "draw" taboo communication messages. As an illustration, Lee (1969) noted that certain women, which she called "abortion specialists," are perceived by women seeking an abortionist as likely to be helpful, and so they disclose to them. Perhaps such specialists exist for other types of taboo communication. Certainly there are particular occupational roles like psychiatrists and ministers that are especially likely to receive self-disclosures about taboo topics.

---

* For instance, Lewin (1948) noted differences in U.S.-German readiness to confide personal information about oneself to others, although it is possible that this impression rests, at least partly, on cultural differences in what is taboo and what is not.

**In the sense that they can be trusted not to disclose the taboo information publicly, or at least not to inappropriate others.

SOCIO-LINGUISTICS OF TABOO COMMUNICATION

The word-symbols used to refer to a taboo are of great importance in determining the perceptions held of the taboo. "Abortion," "condom," and "venereal disease," have strong, negative meanings for most English-speaking audiences. One strategy to facilitate taboo communication is to re-label the taboo topic with different word-symbols.

For instance, Hardin (1968) argues that it is a semantic mistake to speak of the problem of "permissive abortion," at least in the United States where state legislatures are seeking to establish certain conditions where abortion is permissable (as in the case of rape). Instead, Hardin feels the problem is one of "compulsory pregnancy," the inverse of permissive abortion, where the state insists that the woman does not have full authority to decide whether to terminate her own pregnancy. Would not abortion reform drives be more successful if they could re-label the issue as the removal of "compulsory pregnancy"?

In India, condoms (commonly called "French leathers") were generally perceived as an object used by soldiers with prostitutes to prevent venereal disease. Starting in 1968, the government of India decided to promote condoms as a means of family planning. First, they conducted a market research study to identify a word-symbol for condoms with a favorable, or at least neutral, connotation. "Nirodh" was selected, a term from Sanskrit, the ancient language of India, that was previously not included in the common lexicon. A massive public communication campaign was then conducted for Nirodh, and by 1970 most Indian adults perceived this term as a general word for condoms. Further, interpersonal communication about Nirodh was now possible, even

between a husband and wife. Importantly, the millions of Nirodh sold per month rose sharply, and it became a fairly widely-used means of family planning by villagers and urban poor families. Nirodh was a much-less taboo topic of communication than condom (French leather) had been. And by removing some degree of taboo, the government of India was able to facilitate communication about this method of family planning.*

TABOO COMMUNICATION AND SOCIAL CHANGE

One reason for our interest in taboo communication is because of its role in retarding social change. Our logic is that society categorizes certain topics as relatively more taboo because such issues threaten important social values. In order to preserve these values, and to maintain the norms that support these values, society classifies certain norm-threatening behavior as taboo. For instance, family planning ideas in India are highly taboo, at least among the majority of the population that lives in villages. One of the possible reasons for the tabooness of this topic is a belief in India that the easy availability of contraceptive methods could lead to a breakdown of the extremely high value on virginity until marriage. So the diffusion of family planning methods is restricted by their taboo natures in (societal) hopes that the virginity value will thus be preserved. But in recent years, another value (on population control) has emerged, at least among government officials in India, that calls for the widespread dissemination and use of family planning methods. These officials have launched a national family planning campaign aimed

---

* Further detail about the Nirodh campaign, and about the socio-linguistics of family planning word-symbols in Latin America, Africa, and Asia, is provided by Rogers (Forthcoming).

at villagers and urban poor, which necessitates breaking down the taboo nature of contraception. This program of directed social change has not been very successful to date, as only about 15 per cent of the 100 million fertile couples in India are now using family planning after about six years of intensive efforts* (Rogers, Forthcoming). We believe that one reason for the lack of success of the family planning program is because the program officials have not fully realized just how taboo this topic is among their target audience. In fact, it is only in the early 1970's that research evidence has become available on just how taboo family planning messages are in India.

Taboo communication is not necessarily "bad",** any more than the general statement that "more communication is good" is correct. In fact, we feel that taboo communication is often highly functional for society and for many individuals, or else certain topics would not remain taboo very long.*** But when one wishes to facilitate certain types of social change that are impeded by taboo communication, the most direct

---

*For India to reach her officially stated demographic goals in the near future, almost half of the 100 million fertile couples would have to use contraceptive methods.

**Although one of the leading writers (Jourard, 1971, p. 29) about self-disclosure seems to consider it so; he defines an unhealthy personality as one that needs help because the individual has not disclosed himself to others. In fairness, Jourard mainly deals with self-disclosure about relatively non-taboo topics.

***So whether taboo communication is rewarded or punished by a receiver is in part a function of the expectations of the receiver; if self-disclosure of a personal taboo by a source is considered inappropriate by a receiver, negative reactions will be expressed. Similarly, non-disclosure when it would be appropriate (in the eyes of the receiver) might be punished.

strategy is to attempt to break down the taboo, as the government of India is trying to do for family planning in general, and has done in the case of Nirodh in particular.

A parallel case in the United States is the current social problem of venereal disease. National rates of venereal disease, especially syphilis, have skyrocketed in recent years to the point at which epidemic proportions are now reached in some areas. An extreme difficulty facing the effective control of syphilis is its taboo nature, which limits its early identification and cure among those individuals who are diseased. Until venereal disease becomes an acceptable (that is non-taboo) topic for communication, it will be impossible to properly control it. So again we see an example of how taboo communication acts to block a program of social change.

Our discussion in this section has been almost entirely at the societal level. If we shift to the individual level, taboo communication that may be functional for society is often very dysfunctional for certain individuals in that society. For example, most societies treat abortion as a taboo, presumably to enforce the social value on the worth of human life, even unborn life. But for a pregnant woman who does not want to bear her child, the taboo nature of communication about abortion makes it difficult for her to seek an abortionist. Nevertheless, from 200,000 to 2,000,000 U.S. women (out of the approximately 40 million fertile females) have an abortion each year; most such abortions are illegal under existing state laws.*

---

*Four states in the U.S. (New York, Colorado, Alaska, and Hawaii) have recently revamped their legislation so that abortion is essentially available to any woman on demand. An additional 18 to 20 states now allow abortions under certain conditions (rape, incest, or when the mother's health is threatened). So the illegality of abortion is giving way in the U.S., even though it seems to remain a fairly taboo topic of communication on moral grounds.

This fact suggests that a great deal of taboo communication, at least about abortion (and probably about most other taboo topics), occurs. Further, the estimated several thousand U.S. females each year who are unable to locate an abortionist, due to the taboo nature of communication about abortion, illustrate one dilemma caused by society for the individual.

Most taboo communication is highly private in nature, confidential in tone, and anxiety-producing. To communicate about a taboo topic is to take a perceived risk: That the receiver may disclose such information to others, with consequent dangers to the original source. It is through such perceived risk that society is able to control individual communication behavior, and thus to enforce societal norms and social values, and to maintain stability and inhibit social change.

DISTINCTIVENESS OF FAMILY PLANNING IN ASIA

What is distinctive about the diffusion of family planning ideas, that marks this process as different from the diffusion of innovations in agriculture, in education, and in other fields?

1. Family planning and fertility behavior deal with beliefs that are very central to individuals. We are attempting to change very intensely-held attitudes, core beliefs near the center of an individual's personality structure. They are very difficult to change.

2. These beliefs are extremely private, personal, and taboo. Hence, family planning ideas are not as interpersonally discussable or communicable among the members of an audience. What is a more private and intimate topic than an individual's sex life, his family behavior, his number

of children? Berelson (1964) states that "Family planning is...private in the sense of being personal, and it's also private in that it isn't talked about very much, it isn't a 'normal' topic of conversation." Empirical evidence of the relative privacy of family planning as an issue for discussion is provided by several studies in Asia. Fayyaz (1971, p. 39) found that 97 per cent of his female respondents and 89 per cent of their husbands in West Pakistan villages reported never discussing family planning.* Liu and Duff (1971) concluded that in the Philippines "Family planning is not a common topic of conversation among many people and approaches to family size, like attitudes toward sex and childbirth, have been deeply embedded in the folk belief of sorcery. This may lead to a condition for communication about family planning differing from food production and disease prevention."

The privateness of family planning issues is indicated by data from almost 8,000 Malaysian women: Half ot the rural women reported that people were too shy to talk about family planning at all, and 20 per cent of city women said the same thing (Palmore and others, 1971, p. 15). Less than one-third of the rural women had ever discussed family planning with friends, relatives, or neighbors.

In one North Indian village, family planning ideas were considered an indelicate topic: "Birth control for most of the villagers were '<u>kharab bat</u>', a bad thing, a dirty issue, a vulgar topic" (Marshall, 1971, p. 163). Punishment could result from discussing sexually indelicate topics with

---

*Which was partly due to the fact that only about half of these respondents knew about family planning, and thus were in a position to discuss it.

inappropriate people: "Violations of the modesty code could result in loss of respect and status, hostility, and even physical beatings." As a result of the sensitive nature of family planning, its interpersonal diffusion in the village was slow. "Information about a new variety of wheat spread rapidly and evenly among the villagers for whom it was relevant, but information about birth control diffused slowly and unevenly, and failed to reach many of the villagers for whom it was obviously intended" (Marshall, 1971, p. 160). Thus family planning was perceived as roughly equivalent to a very dirty joke. This meant that a male villager could only discuss family planning issues with other males of very similar age and of the same caste. To talk about family planning with a more heterophilous receiver would be extremely inappropriate, and subject to punishment for violating village norms.

For instance, a young peasant was asked why he did not discuss family planning with other men in his family. He explained, "I might think about it in my own mind, but would not tell others. These are not the things to talk about to others in my family. We feel sharam [shame or intense embarassment] if it is brought into the open. We have to show respect for the others" (Marshall, forthcoming).

The present author once encountered a Bengali couple who were both interviewed in a research study. The wife had adopted an IUD, and the husband had had a vasectomy, they disclosed to interviewers. But neither knew that the other had also adopted a birth control method! In some cultures, family planning is so taboo that even husbands and wives do not discuss it.

We conclude that family planning messages are a highly taboo form of communication among villagers and urban poor in Asia. Most family planning program officials in Asian countries have not fully realized just how taboo their messages are to their target audience.

The taboo nature and the centrality of family planning ideas are why the job of family planning communication is so difficult.* That's why selling condoms and IUD's is so much different from promoting soap, cigarettes, or hybrid corn.

FAMILY PLANNING AND THE CLASSICAL DIFFUSION MODEL

The intellectual foundation upon which most family planning programs in Asia are based is implicitly the "classical diffusion model."** This model describes the process by which an innovation (defined as an idea perceived as new by an individual) is communicated via certain channels over time to members of a social system. The classical model specifies (1) the stages in the innovation-decision process, and the relative importance of various communication channels at each stage, (2) the way in which perceived characteristics of innovations affect their rate of adoption, (3) the characteristics and behavior of "early" and "late" adopters,

---

*Perhaps part of the disappointment with many family planning campaigns is because expectations are unrealistically high. We seem disappointed with "only" 15 percent adoption of contraceptives in India after six years or so of intensive communication efforts. Yet in other fields of behavior change, where the issues are much less private and central, we hold much more modest expectations: For instance, to achieve 5 percent of a market for a new product, or to gain an additional 2 percent of the vote for a candidate.

**Described by Rogers (1962) and Rogers with Shoemaker (1971), although not referred to as the "classical" diffusion model.

(4) the role of opinion leaders in diffusing innovations, and (5) factors in the relative success of change agents in diffusion activities. Strategies based on diffusion research are widely used by the administrators of family planning programs throughout the world today.

The classical model originated from diffusion studies by sociologists in the 1940's on the spread of agricultural innovations like hybrid corn in the Midwestern U.S. Now, 1,900 investigations and 30 years later, the diffusion approach still bears the indelible stamp of its intellectual origins, although the research base has broadened to include countries like India, innovations like contraceptive methods, and the attention of a variety of social scientists. Generalizations approaching universals have emerged, suggesting the communality of diffusion processes across types of innovations, audiences, and cultural conditions.

But family planning innovations have many distinctive aspects. Because the diffusion of the loop has failed to follow the pattern of diffusion of less taboo innovations such as hybrid corn, certain implicit assumptions in the classical diffusion model have been forced to a level of awareness. These are:

#1. <u>The innovation is advantageous for all adopters</u>.

The classical model assumes that everyone should adopt, that diffusion rates should be speeded, and that rejection is "bad." This is a source-orientation and a message-orientation, not a receiver-orientation. Most family planning programs offer a "cafeteria" approach to clients: Several family planning methods are offered, such as pills, the IUD, and sterilization. Further, target audiences are limited to fertile couples

with more than a certain number of children, indicating a recognition of assumption #1 in family planning diffusion campaigns, and the need for its modification more generally.

#2. Innovation-decisions are made by the individual independent of the influence of others in his system.

While a farmer's decision to adopt fertilizer may be largely an individual matter, many family planning decisions are joint choices, made by the husband and wife together. Further, the availability of certain contraceptive innovations depends upon prior decisions by a government ministry and by its local clinic officials. And the nature of collective or contingent decisions is considerably different from an individual choice.

#3. Interpersonal communication about the innovation is free-flowing and uninhibited.

Most adoption decisions of all kinds are clinched by discussions with homophilous peers. But such influence about family planning ideas may be highly structured by sex, age, and other factors. For instance, conversations about Nirodh (condoms) are unlikely to occur in India between a man and a female who are neighbors. The taboo nature of family planning ideas in Asia negates this assumption about uninhibited communication flows, as we showed previously. Family planning diffusion in Asia is mostly via interpersonal channels between homophilous peers, and with a highly restricted number of such peers.

#4. Change agents are technically competent about the innovation, and hence heterophilous (or unlike) their average clients.

The classical diffusion model assumed that the change agent is a professional, usually a university graduate such as an agronomist, employed

by a government agency. But in the case of family planning, many change agents are para-professionals (such as field workers with relatively little formal training) or non-professionals (such as vasectomy canvassers or granny midwives). Change agent-client differences in technical competence (and in education and other socio-economic characteristics that accompany such competence) greatly limit the effectiveness of this dyadic communication.

Recognition of the important implicit assumptions in the classical diffusion model is facilitated by analysis of family planning programs in Asia. Our intellectual repertoire is broadened by such alternatives to the classical model as the use of non-professional change agent aides, and diffuser incentives (as in the vasectomy program in India) which reward change agents on a piece-rate basis for adoptions secured. While family planning programs have undoubtedly profited by their copying of prior diffusion approaches, further attention needs to be directed to creating appropriate alternative models for diffusion. Such innovative approaches should be based upon social science understandings of human behavioral change, and designed to fit specific cultural and technological conditions. The design of alternative diffusion models for family planning innovations is facilitated by recognition of the assumptions underlying the classical model.

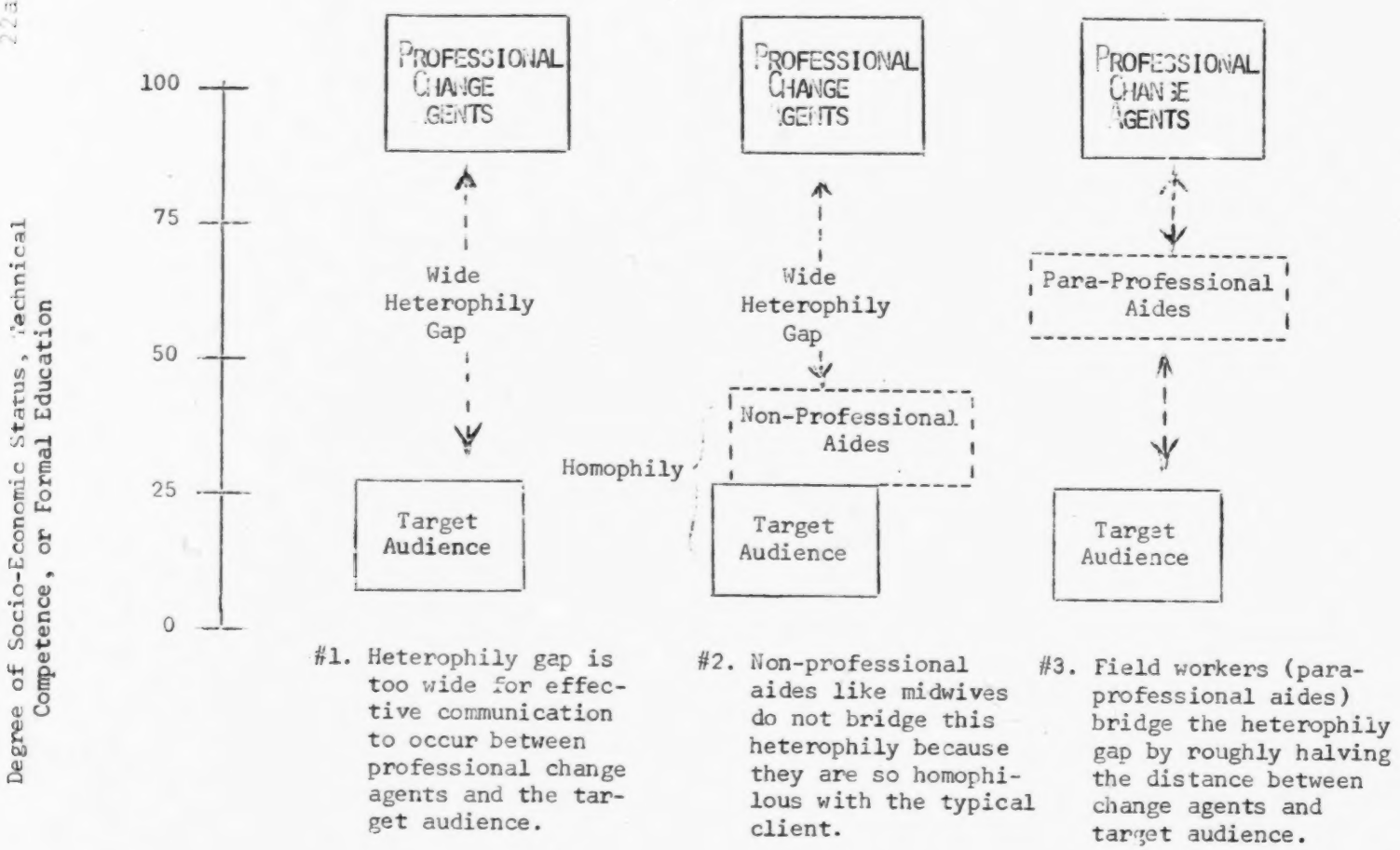
SOME MODIFICATIONS IN THE CLASSICAL DIFFUSION MODEL FOR TABOO INNOVATIONS

Two main modifications in the classical model are suggested by family planning programs in Asia. These are cases of where change programs

have outrun the theory on which they were originally based, thus implying needed alterations in the original model.

#1. Para-professional change agent aides.

The fact that taboo communication requires a high degree of source-receiver homophily for it to occur at all, implies that the ideal type of change agent should be as homophilous as possible with his clients. The homophilous non-professional aide has a high degree of safety credibility for his villager and urban poor clients, even though the competence dimension of credibility may be characteristic of more professional change agents. The middle way seems to be represented in most Asian countries by the para-professional, an individual with literacy who receives a few weeks of specialized training in family planning, and goes to work in his local community (Figure 3). He is perceived as homophilous enough with many clients so that he can communicate with them about the taboo topic of family planning. Family planning programs in Asia have probably made greater use of both para-professional and non-professional change agent aides than any other diffusion program in the world. For instance, over 30,000 granny midwives (dais) were employed as the main, front-line field workers for family planning in Pakistan from 1965-70. The government family planning program in Indonesia has employed 3,000 para-professionals during 1971, and this number is targeted for 15,000 by 1975. In addition, 75,000 village midwives (dukuns) will be employed to promote family planning on an incentive basis in Indonesia. China's health and family planning program is based on thousands of "barefoot doctors" (para-professionals) who



#1. Heterophily gap is too wide for effective communication to occur between professional change agents and the target audience.

#2. Non-professional aides like midwives do not bridge this heterophily because they are so homophilous with the typical client.

#3. Field workers (para-professional aides) bridge the heterophily gap by roughly halving the distance between change agents and target audience.

Figure 3. Paradigm Showing How Para-Professional Family Planning Aides Bridge the Heterophily Gap in a Way that Professional Change Agents or Non-Professional Aides Cannot..

serve rural villages and communes, as well as urban factories. All of these programs recognize that para-professionals and non-professionals, because of their relative homophily with clients, can better communicate taboo information (such as that about family planning) than can professional changes agents.

#2. Payment of diffuser incentives.

Many Asian countries today pay cash incentives to individuals who motivate adopters of family planning innovations. Such piece-rate payments are modest in size, and are earned by relatively low-status individuals, who, of course, are homophilous with the average client. In essence, the diffuser incentive is paid in order to encourage interpersonal communication about a taboo topic, interaction that would otherwise not occur. Family planning programs have made much greater use of incentives than have diffusion campaigns in agriculture and other fields, where the messages are less taboo.*

Communication research on incentives (Rogers, 1971) indicates that their effect is (1) to increase the quantity of adopters of family planning, but (2) to decrease the quality of the typical adoption (indicated, among other ways, by a high rate of discontinuance.)** So diffuser incentives represent one attempt, albeit not a completely successful one, to overcome the lack of diffusability of a taboo topic like family planning in Asia.

---

*Ten countries were paying family planning incentives by 1972, and the total cost of such payments was about $12 million in 1971 (Rogers, 1972).

**Incentives may have an additional important effect in starting the diffusion of a family planning innovation among the poorest and least-educated members of a system, rather than the elites, as is the usual case (Rogers, 1971).

CONCLUSIONS

In the present paper we have shown that taboo communication has several distinctive aspects which set it off from non-taboo communication. Our theme has been the significance of taboo communication in inhibiting certain types of social change, through the intervening variable of restricted communication flows. Thus our implicit paradigm is:

Messages perceived as taboo → Restricted communication flows (high homophily and redundant networks) → Inhibited social change

We have suggested several strategies for freeing up the restricted flows, with the general intent of decreasing the degree of taboo of a particular topic, and thus facilitating more rapid communication and change. While our examples were drawn from a wide range of taboo topics in the U.S. and elsewhere, we focussed especially on family planning in Asia, an arena where population problems are most serious and where taboo communication greatly limits their solution.

REFERENCES CITED

Berelson, Bernard (1964), "On Family Planning Communication," Demography, 1:94-105.

Fayyaz, Muhammed (1971), The Impact of Motivational Campaign on Family Planning Knowledge, Attitudes and Practices, Lahore, West Pakistan Family Planning Association Report.

Harden, Garett (1968), "Abortion - Or Compulsory Pregnancy?" Journal of Marriage and the Family, 30:1-4.

Laumann, Edward O. (1969), Interlocking and Radial Friendship Networks: A Cross-Sectional Analysis, Ann Arbor, University of Michigan, Department of Sociology, Detroit Area Study, Working Paper.

Lee, Nancy Howell (1969), The Search for an Abortionist, University of Chicago Press.

Lewin, Kurt (1948), "Some Social-Psychological Differences between the United States and Germany," in G. Lewin (ed.), Resolving Social Conflicts: Selected Papers on Group Dynamics, 1935-1946, New York Harper.

Liu, William T. and Robert W. Duff (1971), "The Structural Effect of Communication Flows in a Pre-Industrial City," South Bend, Indiana, Notre Dame University, Department of Sociology and Anthropology, Unpublished Paper.

Marshall, John F. (1971), "Topics and Networks in Intra-Village Communication," in Steven Polgar (ed.), Culture and Population: A Collection of Current Studies, Chapel Hill, University of North Carolina, Carolina Population Center Monograph 9.

Marshall, John F. (forthcoming), Family Planning in a North India Village, Ph.D. Thesis, Honolulu, University of Hawaii, Department of Anthropology.

Palmore, James A. and others (1971), Interpersonal Communication and the Diffusion of Family Planning in West Malaysia, Honolulu, East-West Population Institute, Working Paper, p. 12.

Rickers-Ovsiankina, M. A. and A. A. Kusmin (1958), "Individual Differences in Social Accessibility," Psychological Reports, 4:391-406.

Rogers, Everett M. (1962), Diffusion of Innovations, New York, Free Press.

Rogers, Everett M. (1971), "Incentives in the Diffusion of Family Planning Innovations," Studies in Family Planning, 2(12): 241-248.

Rogers, Everett M. (1972), Field Experiments on Family Planning Incentives Lansing, Michigan State University, Department of Communication, Mimeo Report.

Rogers, Everett M. (forthcoming), Communication Strategies for Family Planning.

Rogers, Everett M. and Dilip K. Bhowmik (1971), "Homophily-Heterophily: Relational Concepts for Communication Research," Public Opinion Quarterly, 34: 523-538

Rogers, Everett M. with F. Floyd Shoemaker (1971), Communication of Innovations: A Cross-Cultural Approach, New York, Free Press.

ERIC Clearinghouse
MAR 27 1973
on Adult Education